



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

August 2, 2006

FILE COPY

Michael Gabenstein, Administrator  
Coeur d'Alene Homes, Inc  
704 W Walnut Ave  
Coeur D'Alene, ID 83814

Dear Mr. Gabenstein:

**Congratulations** to both you and your staff on your recent deficiency-free survey. In today's world with numerous regulations, it is indeed impressive to see a facility functioning as a team at this level.

Continuing to meet the needs of your residents – while meeting the administrative needs of your business – is a daily commitment to quality ongoing assessment, service planning, and consistent provision of services to each and every resident. The greater challenge is, of course, to be able to work as a team to provide this high level of caring and service day after day, week after week, year after year.

Again, **Congratulations** to you and your staff for a job well done. I challenge you to keep this same high standard.

Sincerely,

DEBRA RANSOM, R.N., R.H.I.T.  
Chief  
Bureau of Facility Standards

DR/slc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R116</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/19/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>COEUR D'ALENE HOMES, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>704 W WALNUT AVE COEUR D'ALENE, ID 83814</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No deficiencies were cited during the standard survey conducted on 7/19/06. The surveyors conducting the standard survey were:</p> <p>Polly Watt-Geier LMSW Team Leader Health Facility Surveyor</p> <p>Rae Jean McPhillips RN, BSN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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Michael Gabenstein, Administrator  
Coeur d'Alene Homes, Inc  
704 W Walnut Ave  
Coeur D'Alene, ID 83814

Dear Mr. Gabenstein:

On July 19, 2006, a complaint investigation survey was conducted at Coeur D'Alene Homes, Inc. The survey was conducted by Polly Watt-Geier, LSW and Rae Jean McPhillips, R.N. This report outlines the findings of our investigation.

**Complaint # ID00001610**

**Allegation #1:** Facility did not act appropriately when an employee was accused of sexual abuse against a resident.

**Findings:** Based on interview and record review it was determined the facility acted appropriately when an employee was accused of sexual abuse against an identified resident.

Review of the identified resident's closed record on July 18, 2006 revealed she was admitted on April 11, 2006 with diagnoses which included Alzheimer's.

Further review of the identified resident's closed record revealed an incident report dated July 10, 2006. The incident report documented the facility was informally notified at 4:00 p.m., on July 7, 2006 (Friday) of an allegation of rape. The facility contacted the ombudsman and Adult Protection Services (APS) on July 7, 2006, but was not able to receive details of the allegation until July 10, 2006 (Monday). Additionally, it documented the employee who was named in the allegation, did not work on July 8, 2006 or July 9, 2006. The employee was placed on administrative leave on July 10, 2006 after the details of the allegation were given to the facility.

Review of the facility's July 2006 as worked staffing schedule on July 18, 2006, revealed the employee who was named in the allegation did not work on July 8, 2006 or July 9, 2006. Additionally, it documented the employee had been on leave since July 10, 2006.

On July 18, 2006 at 9:15 a.m., the facility's RN stated the ombudsman "unofficially" notified her of the allegation of abuse on Friday, July 7, 2006 at 4:00 p.m. She stated she immediately contacted the administrator, who contacted the ombudsman, tried to contact APS, and law enforcement to gather information about the allegation of abuse. She stated law enforcement and APS were not available until Monday morning (July 10, 2006), to discuss the details of the allegation of abuse. She stated she and the administrator met with APS on Monday morning and discussed the allegation. After the meeting with APS, the administrator and herself talked with the employee and he was placed on administrative leave. Additionally, she stated she had investigated the incident and had no concerns raised by residents, resident's families, or staff that the identified staff member had been acting inappropriately with the identified resident or other residents. She also stated the staff were to receive an in-depth training of setting boundaries, communication, and prevention of abuse.

On July 18, 2006 at 10:43 a.m., the administrator stated the facility's RN was notified on July 7, 2006 of an allegation of abuse. He stated the RN immediately notified him and he then contacted the ombudsman, APS, and law enforcement to find out the details of the allegation of abuse. He stated he did not hear from either APS or law enforcement on July 7, 2006. He stated he contacted APS on Monday morning and set-up a meeting with himself and the RN to meet with APS and find out the details of the allegation of abuse. He stated once he had met with APS, he immediately pulled information together and contacted the Department. Additionally, he met with the employee and placed him on administrative leave.

On July 18, 2006 at 11:56 a.m., an APS worker stated after receiving the allegation of abuse, she contacted the ombudsman and local law enforcement. She stated the facility's administrator contacted APS on July 10, 2006. She stated the facility administrator and RN met and discussed details of the case the morning of July 10, 2006.

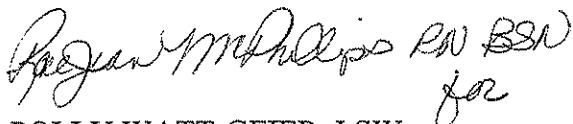
On July 18, 2006 at 2:41 p.m., the ombudsman stated she contacted the facility on the afternoon of July 7, 2006 to informally discuss the allegation of abuse. She stated the facility was not aware of the allegation of abuse prior to her contacting the facility.

Conclusion: Unsubstantiated. Although abuse may have occurred, the facility acted appropriately after being notified of the allegation by placing the employee on administrative leave until all investigations have been completed.

Michael Gabenstein, Administrator  
August 2, 2006  
Page 3 of #3

As no deficiencies were cited as a result of our investigation, no response is necessary to this report.  
Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in cursive script, appearing to read "Polly Watt-Geier", followed by the text "RN BSN" and a small flourish.

POLLY WATT-GEIER, LSW  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

PWG/slc

c: Jamie Simpson, BS, QRMP, MBA, Supervisor, Residential Community Care Program